

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT  
EMERGENCY OPERATIONS CENTER  
GOVERNMENT LIAISON STATUS REPORT**

<b>Report#</b>	<b>Date Prepared:</b>	<b>Time Prepared:</b>	<b>Operational Period: (Day, Time, Date)</b>
<b>Person Completing Report:</b>		<b>Liaison Assignment Location:</b>	
<b>Event (Name, Number):</b>			

**Current Conditions:** (Weather, (Event) Situation Status, Known impacts (Attach Preliminary Impact Reports))

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**Current Operating Status:** ( Road Closures, Shelter Status, etc.)

EOC Level of Activation:

Summary and locations of victim assistance efforts: (i.e. Disaster Recovery Centers, Relief and Comfort Stations, etc.)

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**Summary of Actions During Operational Period:** (Attach copy of Incident Action Plan, Situation Report)

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**Problems Encountered:**

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**South Florida Water Management District  
Emergency Operations Center  
Government Liaison Briefing Report (Page 2)**

**Assistance Required or Requested:**

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**Projected or Future Issues of Primary Concern:**

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**Plan of Action for Next Operational Period:**

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**Items for EMG/EM Action:**

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*Note: This form is to be completed by SFWMD staff deployed to County/State/or other EOCs and/or serving in a Liaison capacity with another agency.*

*This form is transmitted to the District's EOC Liaison Officer desk (via fax/phone).*